Tax Year 1998

INSTRUCTIONS FOR COMPLETION OF DECLARATION-VOUCHER

- 1. Fill out the worksheet to figure your estimated tax for 1998.
- Enter one-fourth (1/4) of Line 8, of the worksheet, on amount of installment line of the voucher.
- If requested on AR1000 the overpayment from last year will be credited to your estimated tax for this year. The overpayment will be credited to the primary social security number found on Form AR1000 or AR1000NR.
- 4. Make your check or money order payable to the Department of Finance and Administration and attach to the voucher.
- Please enter your Social Security Number on your check or money order.

FISCAL YEAR

If your return is on a fiscal year basis, change calendar year dates to correspond with the fifteenth (15th) day of the fifth (5th), sixth (6th), and ninth (9th) months of your fiscal year, and the first (1st) month of your succeeding fiscal year.

EXTENSION PAYMENT - Due May 15th, 1998

Voucher #5 is included with #1, #2, #3 and #4 to be used for making payment with an extension for tax year 1998. A payment made with this voucher will not be included as an estimated payment for calculating underestimate penalty. It must be attached to a copy of a *Federal Extension Form 4868 or Arkansas Extension Form 1055*.

WHO MUST FILE A DECLARATION OF ESTIMATED TAX

Every taxpayer subject to the Income Tax Act of 1987, as amended, shall make and file with the Department of Finance and Administration a declaration of the estimated tax for the incomeyear if such taxpayer can reasonably expect their estimated tax to be more than two hundred fifty dollars (\$250.00).

Exception: Individuals whose income from farming for the income year can reasonably be expected to amount to at least two thirds (2/3) of the total income from all sources for the income year, may file such declaration and pay the estimated tax on or before the fifteenth (15th) day of the second (2nd) month after the close of the income year, or in lieu of filing any declaration, may file an income tax return and pay the full amount of tax on or before the fifteenth (15th) day of the third (3rd) month after the close of the income year.

UNDERESTIMATE OF TAX

A taxpayer who makes a declaration of estimated tax for the income year shall estimate an amount not less than ninety percent (90%) of the amount actually due. Should a taxpayer fail to make an estimate on any quarterly due date equivalent to at least ninety percent (90%) of the final tax due, a penalty of ten (10%) shall be added and paid on the amount of underestimate. If the original amount of taxes paid during the tax year by withholding, Timely filed Estimated tax or a combination of both being the same as or more than the preceding tax year liability filed by the taxpayer, the penalty herein provided shall notbe applicable whether a full year, part year or nonresident return was filed.

WHEN TO FILE YOUR DECLARATION OF ESTIMATED TAX

- Calendar year filers shall file their declaration of estimated tax on or before May 15 of the income year.
- Fiscal year filers shall file their declaration of estimated tax on or before the fifteenth (15th) day of the fifth (5th) month on the income year with the subsequent payments being made on a quarterly installment basis.

WHERE TO FILE YOUR DECLARATION OF ESTIMATED TAX

 Mail your declaration of estimated tax and subsequent voucher payments to the following address.

Department of Finance and Administration Income Tax Section P. O. Box 9941 Little Rock, AR 72203-9941

Make checks or money orders payable to Department of Finance and Administration.

HOW TO COMPUTE ESTIMATED TAX

1. For your convenience a worksheet is furnished on the reverse side of these instructions to aid you in computing your estimated tax for 1998. To properly complete the worksheet you must make an actual estimate of your income, deductions, and credits for 1998. You should consider all available facts that will affect these items during the year. It may be helpful to use last year's income and deductions as a starting point, making suitable adjustments for 1998.

IMPORTANT NOTICE

If further instructions are needed, please contact:

- 1. Phone (501)682-1100, or
- 2. Come by our office, Room 218, Joel Y. Ledbetter Building, 7th and Wolfe, Little Rock, AR, or
- 3. Write us at P. O. Box 3628, Little Rock, AR 72203-3628.

									F	RIMARY		SP0	USE	
	1998 ES	TIMATED TA	AX WORKS	HEET (FOR	YOU	R REC	ORDS ON	LY)						
1.		adjusted Gross Inco	•											
2.	, ,	emize deductions, e ect to itemize deduc				to \$1,000.								
		ver if married filing s												
3.	Line 1 less Line 2	2. (Net Taxable Inco	nme)											
0.	Line 1 loss Line 2	E. (Net Taxable Illet	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,											
4.	Tay (Compute t	tax on the amount	found on Line ?	hu usina Tav Dat	a Schad	ula halaw)								
٦.	Tax (Compare II	an on the amount	TOUTHU ON LINE 5	by using run nuc	Sonou	ne belowy.								
5.	Total Tay (Add 4	antrias an Lina A)												
													-	
6.		sonal and depender <i>elow for a listing of</i>			•									
	,			,										
7.	Estimated amour	nt of income tax to I	be withheld during	1998 from salarie	s, wages	commission	ns, etc							
8.				9										
		re, file the Declarati .00, no Declaration		ed										
	If you first becom	ne liable to file a de	claration on May 1	15, 1998:										
		cher one-fourth (1/4 ne liable to file a de			its).									
	Enter on vouc	cher one-third (1/3)	of Line 8. <i>(Make i</i>	three (3) installmen	rts).									
	,	ne liable to file a de cher one-half (1/2) o	•).									
	If you first becon	ne liable to file a de	claration on Janua		-									
		cher. (<i>Line 8 must L</i>	ne paid in tull).											
	CREDITS:	Filing Compands F			,	20.00	4 Dlind () /F as /F Cs.	اماما				ф.	20.00
1. 3	Single and Married	rilliy separate r	OIIIIS			520.00	4. DIIIIu, C	Over 65 or 65 Spe	clai				Ф.	20.00
	Married Filing Joint												4.	
0	n the Same Return	n, and Qualifying	Widow(er) with	Dependent Chil	d \$	540.00	5. Deaf		•••••				\$2	20.00
3. E	ach Dependent				9	20.00	6. Retarde	ed Child					\$50	00.00
TAX	RATE SCHED	ULE												
	f your NET TAXAB			s, your tax is one	percen	t (1%) of yo	our net taxable	e income. (Examp	ole: If you	ır net taxable	income is \$2	,500.00, yo	ou tax is o	one
p	ercent (1%) of that	t amount (\$25.00)).											
B.	IF						IF							
	YOUR NET TAXABLE	BUT NOT MORE THAN	YOUR TAX IS	PLUS %		OF THE EXCESS	YOUR NET TAXA	BUT NO ⁻ BLE MORE THA		YOUR TAX IS	PLUS %		OF THE EXCESS	
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	4,000.01	5,000.00	55.00	2.5	4,0	00.00	16,000.0	17,000.0	00	540.00	6	1	6,000.00	
	5,000.01	6,000.00	80.00	2.5		00.00	17,000.0			600.00	6		17,000.00	
	6,000.01 7,000.01	7,000.00 8,000.00	105.00 140.00	3.5 3.5		00.00	18,000.0 19,000.0			660.00 720.00	6 6		18,000.00 19,000.00	
	8,000.01	9,000.00	175.00	3.5		00.00	20,000.0			780.00	6	20,000.00		
	9,000.01	10,000.00	210.00	4.5		00.00	21,000.0			840.00	6	21,000.00		
	10,000.01	11,000.00	255.00	4.5		00.00	22,000.0			900.00	6	22,000.00		
	11,000.01	12,000.00	300.00	4.5	11,000.00		23,000.0			960.00		6 23,000.0		
	12,000.01	13,000.00	345.00	4.5	12,000.00		24,000.01 25,00			,020.00			4,000.00	
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	14,000.01	15,000.00	435.00	4.5	14,0	00.00								
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.	RECORD ESTIMATED													
'	TAX	AMOUI	NT											
	PAYMENT													
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AR1000ES Calendar Year due May 15 DECLARATION OF ESTIMATED TAX May 15 **Voucher for Individuals** Fiscal Year Ending: ● State of Arkansas Individual Income Tax / P. O. Box 9941/ Little Rock, AR 72203-9941 Day Year Your Social Security Number • Spouse's Social Security Number (If joint return) Tax Year • 19_ • First Name and Initial (If joint, use first names and middle initials of both) Last Name PLEASE PRINT OR TYPE • Address (Number and Street, Apartment Number or Rural Route) AMOUNT OF THIS INSTALLMENT: \$ City, State and Zip Code

AR1000ES			
C, AR 72203-9941	Month	Day Year	
 Spouse's Social Secu 	urity Number (If joint return)		
		Tax Year •	19
Last Name			
		AMOUNT OF THIS INSTALLMENT:\$	•
		DECLARATION OF ESTIMA Voucher for Individual Fiscal Year Ending: Month Spouse's Social Security Number (If joint return)	Spouse's Social Security Number (If joint return) Tax Year AMOUNT OF THIS

AR1000ES State of Arkansas Individual Income Tax / P. O. Box 9941/ Little Rock	k, AR 72203-9941	Calendar Year due Septe DECLARATION OF ESTIMA' Voucher for Individu Fiscal Year Ending: Month	TED TAX	Sept. 15
Your Social Security Number	Spouse's Social Secu	urity Number (If joint return)		
			Tax Year ●	19
First Name and Initial (If joint, use first names and middle initials of both) Address (Number and Street, Apartment Number or Rural Route)	Last Name			
Address (Number and Street, Apartment Number or Rural Route)			1	
• City, State and Zip Code			AMOUNT OF THIS • INSTALLMENT: \$	•

AR1000ES Calendar Year due January 15 Jan. 15 **DECLARATION OF ESTIMATED TAX Voucher for Individuals** Fiscal Year Ending: Month State of Arkansas Individual Income Tax / P. O. Box 9941/ Little Rock, AR 72203-9941 Day Year Your Social Security Number • Spouse's Social Security Number (If joint return) Tax Year 19_ • First Name and Initial (If joint, use first names and middle initials of both) Last Name Address (Number and Street, Apartment Number or Rural Route) AMOUNT OF THIS INSTALLMENT: \$ City, State and Zip Code

AR1000ES State of Arkansas Individual Income Tax / P. O. Box 9941/ Little Rock	k, AR 72203-9941	PAYMENT WITH EXTENSION Voucher for Individu Fiscal Year Ending: Month	: -
Your Social Security Number	Spouse's Social Secu	urity Number <i>(If joint return)</i>	
			Tax Year ● 19
• First Name and Initial (If joint, use first names and middle initials of both)	Last Name		PAYMENT WITH EXTENSION
First Name and Initial (If joint, use first names and middle initials of both) Address (Number and Street, Apartment Number or Rural Route)	AMOUNT OF THIS ■ INSTALLMENT: \$		
● City, State and Zip Code			• 5 •